

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107575431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
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41			/			
42			/			
43			/			
44			/			
45			/			
46			27			
47			27			
48			16			
49			16			
50			16			
TOTAL IND.		↓	15	↓		↓
TOTAL DEP.		←	122	←		←
TOTAL CLAIMS			137			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				14		
52				10		
53				5		
54				5		
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99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	41	←		←
TOTAL CLAIMS			41			